Author’s response to reviews

Title: Pylorus Preserving Total Pancreatectomy for Metastatic Renal Cell Carcinoma: Report of a Case

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Version: 5 Date: 30 June 2015

Author’s response to reviews: see over
Dear Dr. Kidd:

Please find attached our manuscript “Pylorus-preserving total pancreatectomy for metastatic renal cell carcinoma: a case report”, which we are submitting for consideration of publication as a Case Report in the *Journal of Medical Case Reports*.

Your comments and those of the reviewers were highly insightful and enabled us to greatly improve the quality of our manuscript. In the following pages are our point-by-point responses to each of the comments made by the editors and reviewers of this manuscript.

As suggested by the reviewers, we have substantially modified this manuscript. We hope that the revisions made to the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in the *Journal of Medical Case Reports*.

We shall look forward to hearing from you at your earliest convenience.

Yours sincerely,

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Reviewer's report 1

Title: Pylorus Preserving Total Pancreatectomy for Metastatic Renal Cell Carcinoma: Report of a Case

Version: 4 Date: 15 May 2015

Reviewer: Achilleas Ntinas

Which of the following best describes what type of case report this is? : Other
If other, please specify:

It is about proposing a technique of pancreatectomy as a possible treatment of choice for the presenting pathology.

Do you believe the case report is authentic? : Yes I do.
Do you have any ethical concerns? : No I do not.
Is the Abstract representative of the case presented? : I think it is.

Does the Introduction explain the relevance of the case to the medical literature? :
Not very well.

Does the article report relevant patient information? : Yes

Does the article report relevant physical examination findings? : Yes

Does the article report important dates and times in this case? : Yes

Does the article report the diagnostic assessments? : Yes

Does the article report the types of intervention? : Yes

Does the article report a summary of the clinical course of all follow-up visits? : No

Is the interpretation (discussion and conclusion) well balanced and supported by the case presented? : No the discussion, as I have written below in the attachment has to be changed.

Does the case represent a useful contribution to the medical literature? : As it is, I think no

Was written informed consent to publish this case obtained? : Yes

Is the anonymity of the patient protected? : Yes it is.

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

Declaration of competing interests: I declare that I have no competing interests.

Comments to authors
As mentioned, isolated pancreatic metastases of clear cell renal carcinoma are rare. Although its rarity the literature shows some benefit from the removal of pancreatic metastases in eligible patients. Although pylorus-preserving total pancreatectomy (PPTP) is regarded for some authors the treatment of choice in pancreatic neoplasms, the role of total pancreatectomy TP is debated [Muller et al, Is there still a role for total pancreatectomy? Ann Surg. 2007 Dec;246(6):966-74; discussion 974-5] and for some others is a safe procedure that allows good early and late results [Casadei R et al, Total pancreatectomy: indications, operative technique, and results: a single centre experience and review of literature. Updates Surg. 2010 Aug 62 (1):41-6].

However, I would like to have answers to the below comments as their paper to be accepted.

1. General comments: The script needs overall improvement as for the English language and the structure of the periods (improper formatting, incomplete sentences etc.).

   Response: The manuscript has been reviewed and proofread by a native English speaker.

2. I noticed that some paragraphs of the introduction are almost the same with the discussion.

   • “Metastatic tumors to the pancreas are rare. Most patients with metastases to the pancreas are not candidates for resection because of wide-spread metastasis. It has been reported that only 1.8% of patients who undergo pancreatectomy do so for metastatic cancer [1]. The most common cancers reported to metastasize to the pancreas include renal cell carcinoma (RCC), colon cancer, melanoma, sarcoma, breast cancer, and lung cancer [2, 3].”

   • Only 11% of metastatic RCCs to the pancreas have been reported to be multifocal or have an unsuspected location. Therefore, only 18.6% of patients who undergo surgery for these metastases undergo total pancreatectomy (TP).”

   Response: These paragraphs have been removed from the Discussion section, and the remaining paragraphs have been modified.

Specific comments: It is important for the authors to be careful in their research. You mention that to your knowledge, this is the first report of PPTP for the treatment of metastatic renal carcinoma to the pancreas that is not true:


   Response: These reports have now been cited in the text.

The review of the literature is minimal and, despite the low incidence of the pathology, does not reflect the importance of making PPTP the procedure of choice
in such conditions. In the literature, I found a paper of duodenum preserving total pancreatectomy (DPTP) for pancreatic neoplasms and specifically for a patient with multiple metastases of the entire pancreas from renal cell carcinoma: Hatori et al in J Hepatobiliary Pancreat Sci. 2010 Nov; 17(6):824-30. What is authors’ opinion as making DTTP the procedure of choice?

Response: Although DPTP is another type of organ-preserving total pancreatectomy, it is technically very difficult to perform in some patients and may result in necrosis of the common bile duct and duodenum. Furthermore, it is unclear whether this procedure results in good control of blood sugar and quality of life, especially when compared with PPTP. Further study is necessary. At present, however, we believe that PPTP would yield better outcomes than DPTP.

For all the above mentioned reasons, I don’t feel that their report, interesting as it is, adds anything to what has already been published. I suggest adding to their title and review of the literature and I would be very glad to read the revised paper.

Response: We have refined this manuscript extensively based on the comments of this reviewer.

Reviewer's report 2

Title: Pylorus Preserving Total Pancreatectomy for Metastatic Renal Cell Carcinoma: Report of a Case

Version: 4 Date: 1 June 2015

Reviewer: Antonios Michalopoulos

Which of the following best describes what type of case report this is? : None
Do you believe the case report is authentic? : Yes
Do you have any ethical concerns? : no
Is the Abstract representative of the case presented? : yes
Does the Introduction explain the relevance of the case to the medical literature? : yes
Does the article report relevant patient information? : Yes
Does the article report relevant physical examination findings? : Yes
Does the article report important dates and times in this case? : Yes
Does the article report the diagnostic assessments? : Yes
Does the article report the types of intervention? : Yes
Does the article report a summary of the clinical course of all follow-up visits? : Yes
If any information is missing from the reporting, please detail it here. : no
Is the interpretation (discussion and conclusion) well balanced and supported by the case presented? : yes

Does the case represent a useful contribution to the medical literature? : yes

Was written informed consent to publish this case obtained? : Yes

Is the anonymity of the patient protected? : yes

Additional comments to authors? : Follow up is short and I don’t know if the operation was worthwhile to be done

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Declaration of competing interests: 'I declare that I have no competing interests'

Response: Longer follow-up was not possible because the patient died 35 months after PPTP. As described, we have revised this manuscript extensively.